

FEB 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MadisonRegistration District No. 620File No. 2452Township MonmouthPrimary Registration District No. 3031Registered No. 11City Monmouth(No. Sisters Hospital)St. Ward 2. FULL NAME Henry Jay Kiser(a) Residence, No. St. Ward 

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo

FATHER

13. NAME Barrell Kiser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo

MOTHER

15. MAIDEN NAME Monroe Platt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo17. INFORMANT (ADDRESS) Barrell Kiser

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanton MoDATE 1/3119. UNDERTAKER (ADDRESS) Edwin H. Phillips20. FILED 13019 37Monroe & Clardy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to Jan 29, 1937I last saw him alive on Jan 29, 1937. Death is saidto have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Bronchial PneumoniaDate of onset Jan 16

Note  
This baby had been in Sisters Hospital and returned home a few days before death.  
Other contributory causes of importance: Marasmus,

Name of operation NoneDate of 

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19 

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. J. Hinkley

M. D.

(Address) Stanton, Mo.

107a

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space. 7

**1. PLACE OF DEATH**

County Madison  
Township Marysville  
City Marysville (No. 1)

Registration District No. 1  
Primary Registration District No. 1  
Ward 1

File No. 2452  
Registered No. 2452  
Ward 1

**2. FULL NAME**

(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. - 24 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset

No complications

Other contributory causes of importance

This baby had been in

Miller's Hosp. & returned home

a few days before

Marysville, Mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Hinkley, M. D.

(Address) Stanberry, Mo.

5-21192